

Pre-Contract Administration Department of Transportation 310 Maple Park Avenue SE PO BOX 47360 Olympia, WA 98504-7360

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## Supplemental Questionnaire

Internet: walkeke@wsdot.wa.gov	Submission Date			
Supplemental to Standard Questionnaire and Financial	Statement (DOT 420-010, Revised 8/00)			
Please type a	all information			
Firm Name and Address as Currently Prequalified	Make any necessary changes in Firm Name, Street or Mailing Address in the space provided below.			
	Telephone (Include Area Code)			
0	Facsimile (Include Area Code)			
	Questionnaire 11, Revised 8/00)			
A bidder who has a Standard Questionnaire and Financial Statemen Fransportation will be required to renew prequalification annually be a Supplemental Questionnaire. In the event a contractor, during the firm, e.g. officer, ownership, incorporation, etc., or when required be	t (DOT Form 420-010) on file with the Department of y filing any amendatory information through the submission of period of a year, should have a change in the structure of the			
WAC 468-16-090 specifies that for a firm showing a net worth in emust provide, with the questionnaire, a copy of its financial stateme accordance with the standards of the American Institute of Certified independent certified public accountant registered and licensed und	nt as audited or reviewed for its last fiscal year, prepared in Public Accountants. The statement must be prepared by an			

DOT Form 420-011 EF Revised 8/00

WAC 468-16-090.

June 30, September 30, or December 31 as outlined in

financial statement.

Period Prequalification

The information contained in the Supplemental Questionnaire is used to renew the basic rating on an annual basis and the firm will be so notified annually as to their bidding status for the ensuing year. The bidding rate may be renewed annually, effective March 31,

statement of retained earnings, supporting schedules and notes, and the opinion of the independent auditor must accompany the

Since the office:	submission of the S	Standard Questionnaire and F	inancial State	ment and/or	r Supplemental Qเ	uestionnaire now	on file in this		
1. Have there been any additions or reductions in the staff of your supervisory personnel? If Yes, complete the following:						☐ Yes ☐	☐ Yes ☐ No		
Additional Supervisory Personnel Employed									
Inc	dividual's Name	Present Position or Office	Years of Construction Experience	Magnitude and Type of Work		In What Capacity			
		Deducations in O	1-ff -f O		. D				
		Reductions in S		pervisory	/ Personnei				
In	Individual's Name Present Position or Office Construction Experience Magnitude and Type of Work		In What Capacity						
2. Have there been any significant additions or deletions to the equipment listed? Yes No If Yes, complete the following:						No			
			ipment Ad	ditions					
Quantity		Description and Capacity of It			Date of Manufacture	Applicant's Purchase Price	Book Value		
				Manufacture	1 dichase i fice				
		Equ	ipment De	eletions	D	A 1: ()			
Quantity	Description and Capacity of Items		Date of Manufacture	Applicant's Purchase Price	Book Value				

Fiscal Information						
3. End of Applicant's Fiscal Year (Month, Day)						
4. Date of Year End Financial Statement (Month, Day, Year)						
As of the above date, the firm's total assets,						
Total Tangible Assets	Total Liabilitie	es	Net Worth			
<b>\$</b>	\$		\$			
5. Additional Financial Resource(s) (i.e., Bank Line of Credit, Parent Firm Guarantee, Personal Pledge of Net Worth, etc.) Any additional financial resources shall have a notarized letter to document the Pledge/Guarantee. Required information within the letter is: The dollar amount, Purpose of the Pledge/Guarantee, and a termination date for the Pledge Guarantee.						
6. Is the Prequalification issued to you satis	factory as it pertains to	Classes of Work?	☐ Yes ☐ No			
If No, List below the additional class or classes of work for which you feel you are equipped and qualified to perform and furnish supporting data for your proposed changes. (Supporting data is experience, equipment, projects completed with names, Mailing Address, and Telephone Numbers to verify the work) (Attach additional sheets if necessary)						
	Additiona	al Classes				
Corporation		Co-Partnership or Joint Venture				
If a corporation, complete this When Incorporated	s section In What State?	If a Co-Partnership or Joint Venture, complete this section				
When incorporated	III Wilat State!	Date of Organization				
President's Name		State whether General, Limited, or Association				
Vice President's Name						
Secretary's Name		State whether there is any limitation on duration of Co-Partnership or Joint Venture?				
Treasurer's Name						
If Out-of-State Corporation, have you compl Washington's Corporation Laws?	lied with					
	Authorized	l Signatures				
List the name and Title of those individuals in your organization who are authorized to execute proposals, contracts, bonds, and other documents and/or instruments on behalf of the organization. Specify if more than one signature is required.  The Signature MUST appear next to name.						
Name (Typed)	Name (Typed) Sign		Title			
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